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Case of Molluscum associated with Encephaloid Disease.

By the EDITOR.

The subject before us, is one of obscurity, and of rare occurrence:—but few authors have written upon it. It has, nevertheless, been noticed and classified by some. Bateman named the disease,* and divided its varieties into contagious, and non-contagious; the latter is said to be more common than the former; the tumors of the molluscum contagiosum, are hard, smooth and tubercular, and when perfectly developed, emit an atheromatous fluid.

M. Biett, observed a species of the non-contagious form of the disease, occurring in young puerperal females, in which the tumors are characterized by a brown or yellow color, being irregular in form, with a dividing fissue on the summit†

Dr. Jacobovics, proposes to classify the disease according to the structure of the tumors, viz: 1. Tubercula fungosa. 2. Tubercula atheromatosa. 3. Tubercula variegata.‡ Dr. J. considers them congenital.

Fred. Hale Thompson, suggests the name of Albumious molluscum for a variety that came under his notice.‖

Rayer describes molluscum as a "chronic affection of the skin characterized by the presence of solid tumors, developed at the expense of this tissue, varying in size from that of a pea to a pigeon's egg.§

M. Velpeau considers that these morbid growths are "a degeneration of the exterior layers of the skin, of the consistence almost of scirrhus, but differing from the latter in not being of a granulated appearance when cut into."¶

Name.—According to Dunglison, the disease is called molluscum, "from its resemblance to certain molluscous animals." Other writers so desig-

* Synopsis of Cutaneous Diseases.
† Cazenave on the Skin, p. 260.
‡ London Lancet, May, 1841.
‖ London Lancet, 1841, May.
§ 'Traite Theorique et Pratique des [Maladies de la Peau, Vol. 2.
¶ Archives Generales de Medicine, p. 511.

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nate it "from the similarity of the tubercles which characterize it, to the eminences that grow on the bark of the maple tree."

In our own country I know of only two cases that have been hitherto reported, one by Dr. Washington L. Atlee of Lancaster, Pa., and one by Dr. Henry H. Smith, of Philadelphia. I will refer briefly to these cases. Both of them were females. Atlee's patient was 31 years old. At 16, a small cutaneous tumor was discovered on the back, and soon after a sub-cutaneous enlargement at the bend of the left arm appeared, accompanied with severe neuralgic pain. From this, they spread all over the body. Some were deeply seated, and all were confined to the left side of the body. Three of the largest, situated on the thigh, were removed, but without relief—they were found to belong to the class of *fibro cellular, encysted tumor of Dupuytren.* Fowler's solution of arsenic was used internally, during which many of the smaller tubercles disappeared. One large medullary structure occurred in the left hypochondriac region, which soon occupied the whole left side, and proved fatal. In this case, the tumors were of three kinds,—the first class were confined to the integuments, and presented a fair example of the molluscum of Bateman,—the second class occupied the cellular tissue, and belonged to the fibro cellular encysted variety, already referred to, while the third, originating in the hypochondrium, possessed all the characters of encephaloid disease.*

Smith's case was also a female, aged 55 years. The disease appeared on the left arm, and a small wart-like tumor, the result of a slight cutaneous injury, was the first indication of its presence;—it increased, and others grew about it of varied dimensions. Under the internal use of Iodide of Potassium, and the external application of Chloride of Zinc, the patient seemed to recover—but again, and again, they appeared and multiplied, following the course of the lymphatics, until it was judged proper to amputate the arm. In a few weeks after the operation, the os-frontis was marked by the same morbid growth, which increased in malignancy, destroyed the bone, and terminated the life of the patient in a little more than two years from its commencement. A microscopic examination revealed "the presence of albuminous matter, similar to that of medullary cancer."†

Case.—P. S——, a bachelor, aged 58 years, middle stature, always had enjoyed good health, habits retired, through active and industrious in his mode of life; his pursuits were various, as fishing, fowling, and gardening, with some attention to mechanics. I first visited him Nov. 8, 1852.

* Amer. Jour. Med. Sciences, N. S., April, 1844.
† Amer. Jour. Med. Sciences, N. S., Oct. 1851.

He had not been well for several weeks, perhaps months; and bore the appearance of a person suffering from chronic ill health, with the following

Symptoms.—Pallid skin, feeble pulse, slightly accelerated, œdema of the left leg, accompanied with occasional, but irregular paroxysms of fever. He complained of fugitive pains in the affected limb, and through the trunk of the body; the urinary secretion was scanty, but the appetite good, and bowels usually regular. On examining his chest, my attention was directed to a tumor situated on the back, about one-third of the distance from the spine, to the sternum, and near the sixth rib. It was flattened, slightly red, and about three inches in circumference—the base was rather smaller than the body of the tumor. It was first noticed by him some eighteen years ago, and as it had never caused inconvenience, he paid no attention to it. Within a few months of his present attack, several smaller ones appeared upon the inside of the thigh, which were first noticed by me, while examining a double inguinal hernia, of which he complained, an inefficient truss that he had worn for a considerable time, having failed to afford relief. The indications in the case seemed plain;—the herniæ were to be supported, the effusion removed, secretions established, and the tone of the system elevated if possible;—during a tonic course of treatment with diuretics, the œdema subsided, and the renal secretion became more plentiful; so that some hope was entertained of his permanent improvement. By way of an alterative he was kept for a while on Potass: Iodid: with Syr. Sarsap: Comp: For a few weeks I saw but little of him, but being sent for again, I found him evidently more ill; the little granular swellings on the thigh had grown to various sizes; he had emaciated to some extent, and there was positive evidence of serious disease. I adopted a system of support which I thought his case demanded, varying it from time to time, *pro re nata*. One day, on examining his hernia of the left side, which was somewhat painful, I discovered a sub-cutaneous tumor, already quite prominent in the groin, and occupying a space nearly large enough to occlude the abdominal ring, which soon enlarged so as to form a complete natural truss. In a little while there congregated about this tumor, an abundance of smaller ones from the size of a pea to that of a chestnut; they spread rapidly, and following the lymphatic chain (SEE PLATE,) were arrested below the knee, by the death of the patient. With the growth of the tumors, the œdema returned, and increased, the limb became paralyzed, and fixed in the position shown by the engraving. From the deep seated hardness that surrounded the tumor in the groin, which had now grown to the size of a cocoanut, and from the difficulty

experienced by the patient in urinating, and in evacuating the bowels, I was convinced that there was an internal growth, probably as extensive as the external.

It was sometimes necessary to resort to catheterism in order to relieve the bladder, and to enemata, to empty the alimentary canal. After much continued suffering, the tumors having increased as represented by the plate, the poor man died early in September 1853.

It may be proper to notice the fact, that the disease had made its appearance in the right groin, and that one of the tumors on the left leg, just above the knee, and marked by a black spot, had commenced to discharge a thin fluid or pulp, probably of an *atheromatous* character.

Autopsy—conducted by Doctors Gauntt and Butler. The intestines were crowded forwards by a morbid growth about two inches in thickness, which embraced the spinal column in its entire abdominal portion, and had burrowed beneath the aorta, elevating it from its spinal attachment to the anterior surface of the tumor; the kidneys were in situ, but loaded with the adventitious weight, and the right ureter enormously distended. The pancreas and omentum, presented numberless minute tumors of varied size, and the internal surface of the bladder was rough with innumerable granular bodies, some of which presented above the surface, while others were only perceptible to the touch. In attempting to dissect out a portion of the mass, a sac was ruptured, which appeared to have formed within the psoas muscle of the left side, and from it escaped a large quantity of a thin glutinous fluid of a chocolate color.

Character of the tumors.—Those upon the surface, that were confined to the dermoid tissue, may be justly classed with the molluscum of Bateman. Those which seemed to originate in the cellular tissue, and grew largest in size, presented more the hard scirrhus character, while the intra-abdominal mass was a pulpy encephaloid matter that may be ranked as "cancerous softening."

Another Case.—S. S——, a female, æt. 50—had congenital molluscum. It never interfered with her general health, in younger life. Its principal seat was about the face, neck, and breast. A few small tubercles were scattered over the cheek, and in the mouth. Upon the neck were many more, and from the breast, and integuments covering the lower maxillary bone, were suspended several wallet tumors, soft and flabby, varying in length from six to ten inches; they were not painful, and could be moved about without inconvenience, there was no hardening of the mass, but it presented the appearance of a simple doubling, or fold-

ing of the skin, like a purse, being wider at the base, than at the apex. At one time, many years before I saw her, the tumor on the breast, became the seat of violent inflammation and suppuration. It was the result of a slight injury, and so far as I could learn, was treated as a common abscess. This patient died with Pulmonary Consumption, and as she had always avoided the observation of even near friends during life, there was no opportunity granted after death, for an autopsy.

Pathology.—The pathology of this disease is obscure; it has not been defined by any of the authors within my reach; though by some, it is supposed to be a disease of the sebaceous follicles, resulting from an obstruction, or a modification of these cryptæ. Should there be a mere obstruction, it is possible that the hypertrophy can be removed or diminished by proper remedies. Should the system be affected by a cachectic diathesis, or the health otherwise impaired, it may be expected that the follicles, already in an abnormal state, will partake readily of the constitutional malady, and assume a more malignant type, in one, or all, of its various stages of development.

Queries.—1st. Has not molluscum generally, a tendency to cancerous degeneration? If let alone would it not assume a malignant form?

2d. Are not Bateman and Rayer, and perhaps others, mistaken when they assert that molluscum tubercles are unconnected with any constitutional disorder?

3d. Does not the history of three of the cases cited above, prove either a remarkable coincidence, or a direct connection between molluscum and cancer?

4th. May not the growth and continuance of simple molluscum produce a cachectic diathesis, and degenerate into cancer,? or must the cachexia pre-exist, in order to develope the latter disease?

Conclusion.—The preceding history is furnished somewhat in detail, with the suggestions appended, as they have occurred to my mind, because the disease is a rare one, and we seldom see any notice of it. If the summary given of the cases reported by Drs. Atlee and Smith, with the account of my own, may be the means of directing the current of future investigations, so that clearer views of its pathology may be brought to light, the cause of science will have been subserved, and the object of the writer fully accomplished.

Burlington, Nov. 1853.

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*The Plea of Insanity.** By I. S. Mulford, M. D.

(Concluded.)

But a still more general and more serious objection to the doctrine we are noticing, is, that it considers insanity as affecting only a single class of the faculties of mind. The intellectual powers alone, are supposed to be involved. This indeed, agrees with the ancient view in regard to this subject. Formerly the opinion prevailed, that insanity was merely a disorder of the understanding: other affections of the mind, if noticed at all, were regarded as only accidental or secondary. In Spencer's case, the Chief Justice concedes that there are various forms and degrees of insanity; yet he still insists that it is only an affection of the "reason;" the "consciousness" that can release a man from responsibility for his acts. Responsibility is made to depend exclusively upon a certain condition of the intellect. Such a view would be just, were the mental capacities and actions so completely connected, as that a sound condition of the reasoning faculty would be all that is necessary in order to the maintenance of harmony throughout the series. But this is not so; such an idea is not consistent with the present state of our knowledge in regard to mind and its affections. The opinion is now received, that the several faculties of mind have special relations with different portions of the cerebral structure; and each one of these portions, with its corresponding actions, may become disordered without a necessary complication with others. The region through which the intellectual powers are exercised, may be separately affected, and so also with the region of the sentiments, or that of the lower propensities. When such disorder occurs as to cause a deprivation of reason, then, undoubtedly, all responsibility must cease; but though reason should continue to act, and that with its accustomed force, it may yet become powerless as a guide, on account of the state of other capacities. If the sentiments, the passions, or the will, become so disordered as no longer to be controlled, then, the helm, though ever so firm in its movements, will no longer direct the vessel in its course. It is the order of nature that the several faculties should continue to act in accordance with the dictates of reason; and for every deviation that occurs, whilst the man is in a sound and healthy condition, he is to be held accountable to the fullest extent. But when he becomes the subject of disease, when the impulses to action, or the capabilities of action become so changed, that he can no longer continue

* In the former article, a material error occurred in inserting the paragraph on p. 388-9, commencing—"The statement of Erskine, &c." into the body of the article. It was intended as *a note* at the foot of the page. Subscribers will please make a note of the error in the proper place.—*Printer.*

in his natural course, shall he not be excused for a departure which he is unable to avoid? That such a state of disease does sometimes exist, is not now a matter of conjecture or theory. That other faculties of mind may be disordered so as to control volition and conduct, whilst the reasoning power is not impaired, is the testimony of those who are among the most competent and careful observers.

Pinel describes a form of disease which he denominates "reasoning insanity," the name being given on account of the fact, that the subject retains the power of reasoning correctly. Dr. Pritchard mentions the same disease, and defines it "as a morbid perversion of the feelings, affections, and active powers, without any illusion or erroneous conviction impressed on the understanding."

By another authority it is said, that "there is no conclusion more clearly arrived at, or more strongly exemplified by facts coming within the notice of every one who has had much to do with the insane, than the existence of a variety of mental derangement, consisting in a morbid condition of the feelings and affections, without involving the intellectual faculties, but which they are unable to control." This disorder has its origin in that part of the cerebral organism which manifests the affective faculties, and upon which the capacity for enjoyment, and fitness for duty especially depends. It is easy to perceive that though reason may be sound, and its decisions be given with fullness and force, yet if there is no answering capacity of feeling and action, no regular course of conduct can ever be pursued. In derangement of the affective faculties, the particular tendencies may be various, both in regard to kind and degree. In some cases, the inclinations, though quite different from those which are natural, are yet not entirely beyond control; and as the subject has reason and judgment, but little attention may be excited to his state. But sooner or later, a change may occur, and then more strongly marked symptoms will be manifested; there will be seasons of strong excitement, in which emotion will be exalted to a kind of ecstacy, and the man becomes extravagant in language and manner; he exhibits at length a propensity to angry vehemence, and finally may be carried on to the commission of outrage and criminal violence. With different constitutional tendencies, or from a different kind of diseased action, a state quite the reverse of that just mentioned, may be exhibited; then, all that has given a charm to existence will seem to be lost; covered with gloom, the subject may relinquish his usual pursuits, retire away from society, and fall, at length, into utter despair. In all these cases, the feelings become completely predominant, so that the man is no longer able to conduct

himself according to the rules of propriety, or the dictates of reason; freedom of action and of choice are lost; in a word, he has become insane. The records of medicine contain many such histories; some such too must have fallen within the notice of almost every physician. In its milder varieties, such disease is frequently occurring; and in its severer forms it is by no means rare.*

In another form of disease (or as it has sometimes been considered, a modification of the one just noticed,) the will and the active powers are more immediately affected. This disorder has been designated by the terms "insane impulse," or "instinctive madness;" it is a form of derangement now well known, though comparatively not frequent in its occurrence. It was first noticed by the celebrated Pinel, a man second to none for the contributions he has made to our knowledge in regard to mind and its disorders. By a late authority (Wood), it is said that in cases of instinctive madness, "persons in the perfect possession of their intellect, are seized with an unaccountable propensity to do some insane act, without motive or object appreciable by themselves or others. There is reason to believe that individuals have been frequently impelled to kill themselves or others, by this cause. A father or husband, always affectionate and tender in his domestic relations, suddenly seizes an axe and kills his wife or his child, and then attempts his own life, but survives long enough to declare that he had acted under a sudden and irresistible impulse, altogether unintelligible to himself." "In the course of upwards of twenty years practice among the insane," says Dr. Evans, "I have met with many instances of suddenly developed insanity, leading to acts of violence; sometimes quickly subsiding, at other times the paroxysm being more prolonged." The following case is given by Dr. E. as illustrating the less violent and dangerous forms of this affection. "A few years ago I was called on by a clergyman who stated, that he had been more or less indisposed for about two years, and that within the last few months his disorder had assumed a form that incapacitated him almost entirely for the performance of his clerical duties, and he feared, threatened finally to render him permanently insane. Soon after the commencement of his indisposition, his attention was attracted by a peculiar feeling in the head; it was not pain, but an indescribable sensation which rendered him restless and irritable, and distressed him greatly. This symptom came on occasionally, and would then be relieved by

* Dr. Woodward states in a report of the Massachusetts Lunatic Asylum, that at least one fourth part of the lunatics, committed as such by the courts of that state, belong strictly to the class whose disorder is moral insanity.

medicine, and pass away. The attacks however, increased in frequency and severity, and in course of time rendered study and anything requiring close attention, extremely irksome; and the treatment he underwent was no longer productive of benefit; still his intellectual faculties though harrassed in the performance of their functions, acted as clearly and correctly as ever. About six months prior to my seeing him, while riding in a carriage with several others, he was suddenly seized with an irresistible impulse to stamp his feet, and though (conscious of its absurdity and impropriety), he strove with all his energy to resist it, it was in vain, and for several minutes he continued to stamp with all his strength, to the amazement and terror of those who were with him. This attack passed off as others had done, but they continued to recur, attended with the same uncontrollable impulse to stamp with his feet, and sometimes to pound with his clenched hands.

As the disease progressed, new phases were presented. At one time as he was riding on horseback, a dog flew at the horse, barking furiously at the same time, and causing the horse to start and run. The fright and muscular strain, brought on great distress in the head, and in obedience to an impulse which he could not resist, he began to bark in imitation of the dog. He was, he said, entirely sensible at the time of the ludicrous and humiliating exhibition he was making, and the remarks it would give rise to respecting him, but he found it impossible to control himself, until the feeling in his head had subsided. From the position he occupied, with his tastes, his keen sense of propriety, and his extensive associations in a refined society, this singular affection broke up all his happiness, and rendered his life almost unbearable.

A short time before his visit to me, on going into the pulpit to preach, and when he had just commenced, he was suddenly seized with the distressing feeling in his head, and before he could make any attempt to stop, or to leave the pulpit, he electrified the whole assembly by shouting out 'huzza for General Jackson.' It now became evident that he must give up his pastoral charge; and as he was a man of much learning and unblemished christian character, his friends and parishioners were deeply interested in his case; and urged him to seek for further medical assistance."*

In many other cases, the disease in question is still more serious and distressing in its course, and in its results; so often manifesting itself in a propensity to destroy human life, as to cause it to be sometimes designated by the term "homicidal insanity." Georget mentions

* Under the care of Dr. E. this individual entirely recovered.

the case of a woman who consulted him, whose irresistible propensity it was to murder her children; she abhorred herself for the feeling; avoided windows and sharp instruments; and often left the house to get out of their way.

Sampson cites a case from the London Medical Gazette, of a man who was tried at Norwich for wounding his wife, and cutting his child's throat. He had been known to tie himself with ropes for a week, to prevent his doing mischief to others or himself. Pinel speaks of a person exhibiting no unsoundness of intellect, who confessed that he had a propensity to kill; he nearly murdered his wife, and then frequently attempted self-destruction. The same writer gives the following instance: "A man who had previously followed a mechanical occupation, but was afterwards confined at Bicêtre, experienced at regular intervals, fits of rage, ushered in by the following symptoms; at first he experienced a sensation of burning heat in the bowels, with an intense thirst, and obstinate constipation; this sense of heat spread by degrees over the breast, neck, and face, with a bright color; sometimes it became still more intense, and produced violent and frequent pulsations in the arteries of those parts, as if they were going to burst; at last the nervous affection reached the brain, and then the patient was seized with a most irresistible sanguine propensity, and if he could lay hold of any sharp instrument, he was ready to sacrifice the first person that came in his way. In other respects he enjoyed the free exercise of his reason; even during these fits, he replied directly to questions put to him, and showed no kind of incoherence in his ideas; no sign of delerium; he even felt deeply all the horror of his situation, and often seemed penetrated with remorse, as if he was responsible for this mad propensity. Before he was confined at Bicêtre, a fit of madness seized him at his own house; he immediately warned his wife of it, and cried out to her to escape, lest he should put her to a violent death. At Bicêtre there appeared the same fits of periodical fury, the same mechanical propensity to commit atrocious actions, directed very often against the inspector, whose mildness and compassion he was continually praising. This internal combat between a sane reason in opposition to sanguinary cruelty, reduced him to the brink of despair; and he has often endeavored to terminate by death this insupportable struggle."

A case similar to this in many respects, occurred within the immediate notice of the writer. The subject was a man who had been somewhat remarkable for his mild and steady demeanor, and who was highly esteemed on account of his moral and religious character. He became unwell with a kind of catarrhal affection, during the course of which

there were paroxysms of coughing, not extremely severe, but attended by a marked determination to the head. He described the feeling he had, as a sort of sawing or pushing sensation within the head, and consequent upon this there occurred a most striking change in his mental condition. Exasperation took the place of his usual placidity, and he experienced a powerful impulse to attack and destroy the persons around him, and especially the members of his family. He continued to be perfectly rational, and was so sensible of his own condition, and of what might be the result, that he entreated to be taken to some place of security. His desire was complied with; he was placed in a lunatic asylum, where he remained for some time, and perfectly recovered. Upon his return to his home and friends, he spoke freely to the writer in regard to his former condition, and the statement he made is here given in his own words.—"I had a spirit of violence, and an impulse to hurt and injure myself and family, and especially such of them as I loved the most; when standing by my wife I would fairly tremble lest I should lay violent hands upon her; I knew it was wrong, and used all my force to resist it, and it was the fear that I should not be able, that caused me to wish to be taken to a place of confinement. After I was taken to the asylum, I was afraid that the keeper should open the door, lest I should spring out and do some act of sudden violence." There is every reason to believe that without timely care and precaution, this person might have been impelled to an act of atrocity, and as a consequence, might have been arraigned as one of the greatest of criminals, though in reality, nothing was ever further from his desires than the commission of crime.

The views of insanity just presented may possibly be objected to by some, from an idea that they are liable to be turned to an improper use. It is not improbable that a plea founded upon such views, has sometimes been, and may again be brought forward, for the purpose of screening the guilty from the punishment they have merited; and it may be, that such an abuse is one of the tendencies of the present time. But shall truth be rejected because attempts may be made, and sometimes successfully made, to confound it with error? That states of mental disease, such as have here been noticed, do really occur, it is in vain to deny. It is not more certain that the intellectual faculties may be deranged, than that the affective and active powers may be; and it is also certain that the free agency of the subject may be controlled through the latter, as well as the former class. Nor is it perceived that the difficulty of detecting the existence of insanity, is greater in the one case than in the other; both are sometimes obscure, and the best attention and skill may be re-

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quired to unravel their mysteries. But if difficulty ever so great is found in any particular case, or class of cases, shall we therefore decline to meet it? Because the investigation is laborious shall we refuse to enter upon it? The ministers of justice may find their service to be a most onerous one; but will it become them to seek to shorten the labor by rejecting from notice all that does not come within certain established bounds? Shall they seek relief by making the law to operate as a piece of machinery, moving always upon a determined line? Rather let its movements ever be guided and watched by an earnest intelligence. Let there be care on the one hand, that the penalty of wilful, deliberate guilt shall not be escaped, and no less care on the other hand, that no unhappy mortal who should properly be sheltered in an asylum, shall be sentenced to a prison, or the gallows.

Insanity should be considered as a disease, and as varying in its symptoms like other diseases; there is no one symptom that will always be found. Sometimes the capacity to distinguish the character of acts will be lost; sometimes there will be a delusive idea, or train of ideas; but these are not invariable marks, and he will surely err who regards them as such. Each case must be considered by itself, and considered in all its circumstances and parts; and a patient examination will mostly lead to correct conclusions. In forming a judgment as to the existence of moral insanity, the following particulars are worthy of notice. It will be found in very many instances, that there has been, for a longer or shorter period, some positive bodily disorder; this may have been a deranged condition of the digestive system, with obstructed liver, and an unnatural state of the bowels; or a train of those symptoms which are usually called nervous; or in other instances, some more acute affection has occurred, as an attack of epilepsy, or some febrile disease in which the brain has been involved. In other cases, bodily disease may not have been so manifest, and the mental affection may have had its origin in some particular event, as the loss of property or friends, or any other occurrence that may have produced a powerful impression. In some instances of instinctive mania, this precursory stage may be less observable or of shorter duration; this form of disease being sometimes manifested in a sudden and unexpected manner. But however the mental affection in question may have arisen, it is to be remarked, that a most striking change will have taken place in the character and demeanor of the man. "In all doubtful cases" says one, "where it is difficult to determine whether the mind is natural or otherwise, the man should be compared with his former self." Such an inquiry will show that he appears to have

become quite different from himself; a mild and cheerful person has become excitable, or moody and dejected, and this change has been more and more noticeable, until finally, some outrage has been committed, as totally at variance with his natural character as could well be conceived. If a passionate, intemperate, and brutal man should make an attack upon a person quite unknown to him, or upon his wife, or his child, the act can only be regarded as being upon a line with his usual course; but when such an outbreak is committed by one whose natural character is mild and kind, and whose habits are those of sobriety, then there is reason to believe that some new cause has come into operation. It is also to be noticed as an important circumstance, that the acts of such insane persons are committed without any motive, or rather, are in opposition to all the ordinary motives of human conduct. Their manner too, after the commission of such acts, is different from that which is characteristic of the criminal. There is no attempt at concealment or escape; no resistance to an arrest, but often a voluntary surrender of themselves into the hands of justice, with an acknowledgment of all they have done. These marks, if carefully considered, together with others which each case may exhibit, will mostly serve to direct the mind of the earnest inquirer to safe and proper conclusions.

"*A Flora and Fauna within Living Animals.*"

By Joseph Leidy, M. D.

(Concluded.)

Of the life, present everywhere with its indispensable conditions, and coeval in its origin with them, what was the immediate cause? It could not have existed upon earth prior to its essential conditions; and is it, therefore, the result of these.

There appear to be but trifling steps from the oscillating particle of inorganic matter, to a *Bacterium;* from this to a *Vibrio,* thence to a *Monas,* and so gradually up to the highest orders of life! The most ancient rocks containing remains of living beings, indicate the contemporaneous existence of the more complex as well as the simplest of organic forms; but, nevertheless, life may have been ushered upon earth, through oceans of the lowest types, long previously to the deposit of the oldest palæozoic rocks as known to us!!

The primitive species of living beings which appeared upon earth, and those which have been successively and periodically produced, must have been the result of pre-existing natural conditions, or the former alone originated in this manner, and the latter were the result of their transmutation under the influence of varying exterior conditions, or all species in all times originated directly through supra-natural agency.

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The last mode, of course, can only be an inference, in absence of all other facts; and if living beings did not originate in this way, it follows they are the result of natural conditions.

Be this as it may, the most prolonged and closest observations, and the most carefully conducted experiments have not led to the proof of a single instance of spontaneous or equivocal generation even of one of the simplest of all living beings; but, on the contrary, they all lead farther and farther from or entirely disprove it, and thus involve the whole subject in obscurity.

Schulze* performed an experiment to test the possibility of equivocal generation under the play of the indispensable conditions of life, free from access to any pre-existing vegetable or animal germs.

A glass vessel half filled with a mixture of various dead vegetable and animal substances in water, was heated to 212° F., so as to destroy any living bodies which might exist within. To the vessel was then adapted a pair of Liebig's bulbs, one of which contained sulphuric acid, the other a solution of potassa, and through these only could the exterior air have access to its interior. The apparatus was then placed in a window, where it received the full influence of light and the necessary temperature for the production of life. The air within the vessel was daily renewed from May until August, by blowing through the sulphuric acid, from which it could suffer no change, except to be deprived of moisture and organic particles. During all that time, not even the simplest animal or vegetable forms were produced, while in an open vessel containing the same mixture, in the same situation, there were observed on the following day numerous Vibrios and Monades, and to these were soon added larger animalculæ.

This interesting experiment of Schulze, I repeated with three different vessels; in one of which was a mixture of ditch-mud and confervæ with water; in a second, decaying wood with water; and, in a third, a clod of earth with growing grass, earth-worms, and water. Exactly under the same circumstances, they were supplied with fresh air from time to time, from July of 1850 to December of 1851, and in the end the results were the same as in the experiment of Schulze.

These experiments, however, may not be conclusive; other conditions may be required. What might have been the influence of a long-continued current of electricity, under the same circumstances, upon the mixtures?

The experiments of Crosse and Weekes, in the production of the so-called *Acarus Crossii*, were performed under the least favorable circumstances to the origination of life, and although neither an Acarus nor a Homunculus has been created under the inspection of man, yet ridicule or prejudice should not prevent us from making every observation and experiment which can bear on the subject, in order that we may say pos-

* Notice of the Result of an Experimental Observation made regarding Equivocal Generation. By F. Schulze, Berlin. The *Edinburgh New Philosophical Journal*, vol. xxiii. 1837. p. 165.

itively whether living beings do or do not originate from the inorganic world under natural and still-existing conditions.*

To the present time, we are totally unacquainted with the mode of the primitive origin of living beings!

Each species once in existence, very generally, and probably universally, requires two distinct elements, denominated sexual, for its perpetuation.

The power of reproduction by segmentation, budding, or the production of numerous successions of a sexual fertile generation is, probably, in all cases limited; the species necessarily reverting to sexual admixture for its perpetuation.

The statements of Horkel† and Schleiden,‡ and their followers, that true sexes do not exist in the phanerogamia have been most amply refuted by the more careful observations of Amici,§ Hugo von Mohl,‖ Carl Müller,¶ Hoffmeister,** Gasparini,†† Tulasne,‡‡ and others.

Sexual elements have also been detected in most of the cryptogamia, and, in a little time, will probably be discovered in all. They have been observed in Ferns,‖‖ Mosses,§§ and Algæ,¶¶ but not yet among Fungi.

Having thus taken a cursory glance at the laws of life in general, we have next to consider those especially operating in the production of parasitic life.

Within living beings, *i. e.* within their cavities, or the parenchyma of the organs, of course all the indispensable conditions of life exist, and consequently we cannot wonder at their being infested with other living beings adapted to their parasitic position. Nevertheless, although the conditions of life are necessarily ever present in living beings, yet these frequently do not contain parasites. There are many circumstances besides those essential to life in general, which influence the existence or non-existence of such forms. One of the most important of these circum-

*The experiments of Crosse and Weekes appear to me exceedingly absurd; for, in the first case, how were the carbon and nitrogen of the animal body to be derived by the play of a voltaic current upon a solution of silicate of potassa? If they previously existed in water, was it not quite as probable that the ova of Acari were there also? Again, when the solution of ferrocyanide of potassium was made the womb of life by the electrical current, why could not the embryology of the new being be observed? An Acarus is a highly complex animal, presenting a well-developed tegumentary, muscular, and nervous system, and a respiratory, and generative apparatus. The gap between the inorganic world and the Acarus is greater than that between the latter and man!

†Montash. d. Berlin. Akad. 1826.

‡Archiv f. Naturges. 1847; Nova Acta C. L. C. Acad. Nat. Cur. vol. xix. 1839, p. 27; Grundzuge d. Wissenschaftliche Botanik.

§ Giornale botanico Italiano, An. 2: Annales des Sciences Naturelles, Botanique, 1847, t. vii. p. 193.

‖ Botanische Zeitung, 1847; An. Sc. Nat., Bot. t. ix. 1848.

¶ Ibid

**Ibid. and t. xi. 1849.

†† Ibid.

‡‡ Ibid. t. xii. 1849.

‖‖ Tulasne, ibid, t. xi. p. 5; ibid. p. 114.

§§ Schimper: Recherches Anatom. et Morpholog. sur les Mousses. Strasbourg, 1848. This author says, page 55: "*Mais je tiens le fait que jamais une mousse ne parvient a la fructification quand elle se trouve hors de l'influence des organes que je considere comme des organes males.*"

¶¶ Thwaites, in *Annals and Magazine of Natural History*, 1847, vol. xx. p. 9; ibid. p. 343; ibid. 1848, 2d ser. vol. i. p. 161.

stances is the convenience or ease of access, or of entrance to the living body infested.

Within the living, closed, organic cell, parasites very rarely if ever exist, because it is liquid matter only which can endosmose through cell-membrane, and, therefore, solid germs cannot enter,* and hence the unfrequency of true entozoa in vegetables. Entozoa may and do penetrate through living tissues, but it is entirely by the mechanical process of boring.

The intestinal canal of animals is most frequently infested by entoparasites on account of the ease with which their germs enter with the food.

Aquatic animals are more troubled by entozoa than those which are terrestrial, because the water affords a better medium of access than the air.

Terrestrial animals, on the other hand, are more infested by ectoparasites because their covering of hair, wool, and feathers is more favorable to their protection and reproduction. A low degree of organic activity and slowly digestible food favor the development of entoparasites, and hence they are more frequent in the relatively sluggish herbivora than in the carnivora. Comparatively indigestible food, and such as contains but a small proportion of nutritive matter, from its long retention in the alimentary canal, favors the development of entozoic and entophytic germs more than that in which the contrary conditions prevail.†

Animals subsisting upon the endosmosed juices of the tissues of other animals, and of plants, are rarely infested by parasites, as in the case of the hemipterous insects, aphides, etc., because such food is necessarily free from parasites or their germs. Entozoa themselves, on this account, are not infested.

On the other hand, if the liquid food be open to the air, parasitic germs may be readily introduced into the animal, as in the case of the common house-fly, which often contains myriads of a species of *Bodo*.

Food swallowed in large morsels favors the introduction of attached parasites; hence these are frequently found in reptiles, and even in birds, which are, among the vertebrata of the highest organic activity.

Animals of feeble organic activity using solid food, which is very slowly digested, and contains little nutriment, are rarely free from parasites. This is the case with the coleopterous insect *Passalus*, and the myriapod *Julus*.

Cooking food is of advantage in destroying the germs of parasites; and hence man, notwithstanding his liability to the latter, is less infested than most other mammalia. Did instinct originally lead him to cook his food, to avoid the introduction of parasites?

*In some experiments upon the endosmosis of solid matter through organic cell-membrane, I found that particles of carmine, diffused in water, which I estimated to measure about the 52,000th of an inch, would no more penetrate the cell-membrane than the largest masses.

† The inhabitants of the United States appear to be less infested with entozoa than those of any other part of the world. This probably arises to a great extent from the more nutritious character of their food; even the poorest laborer being daily supplied with abundance of wholesome flesh, producing a tendency to high organic activity, which is unfavorable to parasitic development.

Entozoa are more abundant than entophyta, because the power of voluntary movement favors them in their transmigrations, and renders them less liable to expulsion from the intestinal canal.

Influence of Parasites in the Production of Disease.—In many animals, entozoa and entophyta are almost never absent, and probably when in their natural habitation, and few in number, or not of excessive size, are harmless as observed by Dujardin in the introduction of his excellent work on Intestinal Worms: "Les helminthes se développent dans un site qui leur convient, sans nuire plus que les lichens sur l'écorce d'un arbre vigoureux. Ils ne peuvent devenir nuisibles, généralement, que par suite d'une multiplication excessive, laquelle semble alors être une des conséquences d'un affaiblissement provenant d'une tout autre cause, d'une mauvaise alimentation, du séjour dans un lieu froid et humide, etc.: sans cela, les helminthes naissent et meurent dans le corps de leurs hôtes, et peuvent paraître et disparaître alternativement sans inconvénients."

Many important diseases have been supposed to originate from parasitic animals and vegetables. The former are not the true entozoa, for these are too large, and may be detected by the naked eye, but they are considered to be animalculæ so small that they cannot be discovered even with the highest powers of the microscope. But independent of the fact, that the existence of such entities is a mere suspicion, none of the well-known animalculæ are poisonous. At various times, I have purposely swallowed large draughts of water containing myriads of *Monas*, *Vibrio*, *Euglenia*, *Volvox*, *Leucophrys*, *Paramecium*, *Vorticella*, etc., without ever having perceived any subsequent effect.

The production of certain diseases, however, through the agency of entophyta, is no longer a subject of doubt; as in the case of Muscardine in the Silk-worm, the Mycoderm of Porrigo favosa in Man, etc.; but that malarial and epidemic fevers have their origin in cryptogamic vegetables or spores, requires yet a single proof.* If such were the case, these minute vegetables and spores, conveyed through the air, and introduced into the body in respiration, could be detected. The minutest of all known living beings is the *Vibrio lienola* of Müller, measuring only the 36,000th of an inch, and the smallest known vegetable spore is very much larger than this, whilst particles of inorganic matter can be distinguished the 200,000th of an inch in size.

I have frequently examined the rains and dews of localities in which intermittents were epidemic upon the Schuylkill and Susquehanna rivers, but without being able to detect animalculæ, spores, or even any solid paticles whatever. I have examined the air itself for such bodies, by passing a current through clear water. This was done by means of a bottle, with two tubes passing through a cork stopper; one tube dipping into the water, the other reaching not quite to its surface. By sucking upon the latter tube, a current of air passed through the former, and was deprived in its course of any solid particles. Ordinarily, when the at-

* See an ingenious little work by my distinguished friend Dr. J. K. Mitchell, "On the Cryptogamous Origin of Malarious and Epidemic Fevers."

mosphere was still, early in the morning, or in the evening, neither spores nor animalcules could be detected. When piles of decaying sticks or dry leaves were stirred up, or the dust was blown about by the wind, a host of most incongruous objects could be obtained from the air; none, however, which could be supposed capable of producing disease.

To assert, under these circumstances, that there are spores and animalculæ capable of giving rise to epidemics, but not discernable by any means at our command, is absurd, as it is only saying in other words that such spores and animalculæ are liquid and dissolved in the air, or in a condition of chemical solution. That the air may be poisoned by matters incapable of detection by the chemist is proved by the emanations from such plants as the *Rhus, vernix, Hippomane, mancinella*, etc.

Parasites of Man.—The list of described species of parasitic animals and plants to which man is liable is already a long one, but nevertheless, in different parts of the world, others will yet be discovered. According to the most authentic sources, the known species are as follows:—

ENTOZOA HOMINIS.

Filaria medinensis, Gmelin. Subcutaneous areolar tissue.
Filaria bronchialis, Rudolphi. Bronchial Glands.
Filaria oculi humani, Nordmann. Eye.
Tricocephalus dispar, Rud. Large intestine.
Strongylus gigas, Rud. Kidneys.
Ascaris lumbricoides, Lin. Small intestine.
Ascaris alata, Bellingham. Small intestine. (Ireland.)
Oxyuris vermicularis, Bremser. Rectum.
Spiroptera hominis, Rud. Urinary bladder.
Ancyclostomum duodenale, Dulimi. Small intestine.
Trichina spiralis, Owen. Muscles.
Pentastomum constrictum, Siebold. Small intestine and liver. (Egypt.)
Bothriocephalus latus, Bremser. Intestines.
Tænia solium, L. Small intestines.
Tænia nana, Siebold. Small intestine and liver. (Egypt.)
Monostomum lentis, Gescheidt. Crystaline lens.
Distomum hepaticum, Albilgaasd. Gall-bladder and portal vein.
Distomum lanceolatum, Mehlis. Hepatic duct.
Distomum oculi humani, Gescheidt. Capsule of crystalline lens.
Distomum hæmatobium, Bilharz. Portal Vein. (Egypt.)
Distomum heterophyes, Siebold. Small intestines. (Egypt.)
Tetrastronum renale, Chinje. Kidney.
Hexathyridium pinguicola, Treutler. Ovary.
Hexathyridium venarum, Treut. In the venous blood.
Cysticercus cellulosæ, Rud. Areolar tissue of various organs.
Echinococcus polymorphus, Diesing. Various viscera.

ECTOZOA HOMINIS.

Phthirius inguinalis, Leach. (Crab-louse.)
Pediculus capitis, Nitzach. (Head-louse.)
Pediculus vestimenti, Nitzack. (Body-louse.)
Pediculus labescentium, Burmeister.
Sacoptes scabiei, Latreille. (Itch-insect.)
Demodex folliculorum, Owen.
Dermanyssus Boryi, Gervais.
Ixodus americanus, Ee Ceer. (Tick.)
Argas persicus, Fischer.
Pulex irritans, Lin. (Common flea.)

Pulex penetrans, Gmelin. (Chiggo.) South America.
Cimex lectularius, Lin. (Bed bug.)
Oestrus hominis, Say. South America.

ENTOPHYTA HOMINIS.

Alga of the mouth.
Achorion Schonleinii, Remak. In porrigo favosa.
Achorion Lebertii, Robin. In porrigo scutulata.
Microsporium Audouini, Gruby. In porrigo decalvans.
Mycoderm of Plica Polonica.
Mycoderm of Mentagra.
Mycoderm of Muguet.
Mycodermata of ulcerated and mucous surfaces.
Sarcina ventriculi, Goodsir. Stomach.
*Torula?** Stomach.

Case of Ischuria Vesicalis. By WILLIAM JOHNSON, M. D.

G. W. S. aged about 82, had labored for several years under great irritability of the bladder, urging him to micturition oftener than every half hour during the day, and exceedingly often during the night. On the 6th of March last, he was attacked with ischuria vesicalis. The catheter was passed once a day for five or six days; but the urinary secretion about this time was considerably increased, and he began to suffer so much from the distention of his bladder, that I was obliged to introduce the instrument twice, and sometimes thrice a day. In connexion with the use of the catheter, I prescribed tinct. ergot. and sp. nit. dulc. which he took until the 18th, when I discontinued them, and directed the tincture of strychnia. I gave these articles with a view of awakening the dormant power of the bladder. My patient was directed to commence with a dose of six drops of the tincture of strychnia three times a day, and gradually to increase it to twenty drops if he could bear it. The tincture was prepared from a formula given by Ellis in his "Medical Formulary," and was made by dissolving three grains of strychnia in one ounce of alcohol. The patient was never able to take more than ten drops at a dose; and that dose produced so much vertiginous distress, that he was soon compelled to fall back upon the six drops again. No benefit, however, was derived from the use of the strychnia administered by the mouth, and on the 21st, I resorted to electro-galvanism as an excitant to the bladder. The catheter had been regularly introduced from the commencement of his attack, and in fact *not the slightest quantity of urine had been evacuated without its aid.*

I now, instead of permitting the urine to escape by the instrument, corked it up as soon as introduced, and passed a current of the electric

* I once saw a plant of this kind in great abundance mingled with the *Sarcina ventriculi* in the liquid ejected from the stomach of a man.

fluid along the metallic catheter. One of the handles attached to the wires of the electro-galvanic machine, was placed on the catheter near the glans penis, and the other handle on a part of the abdomen corresponding with the fundus of the bladder, and then along the perinæum, and then over the sacrum; the poles of the machine were occasionally reversed. The patient did not make the slightest complaint as long as the electro-galvanic influence was weak, but when the force of the current was of medium strength, it produced considerable uneasiness, and had to be diminished.

After he had been under the electro-galvanic influence about ten or fifteen minutes, the cork was withdrawn from the catheter, and the urine permitted to escape. Twenty drops of the tincture of strychnia added to a gill or more of gum water, were now thrown into the bladder, and allowed to remain half an hour, and then suffered to run off. Electro-galvanism was employed in this way, increasing the period of its application, and the force of the current on every alternate day, and sometimes every day until the 2d of April. Before this time, however, the bladder had so far recovered its expulsive power as to empty itself tolerably well at the will of the patient. I used but a few times the strychnine injection, as the patient complained so much of its effects on his head. To maintain the ground that I had gained, I used the catheter two or three times more, at intervals of two or three days, until I was satisfied that I might safely discontinue my visits.

Remarks.—I have related this case on account of the lessons, both practical and pathological, which it teaches, and for the purpose of making a few desultory observations suggested by the subject.

We have, in the first place a curious pathological fact, that a bladder, which for two or three years had never contained at one time, more than an ounce or two of urine, without urging to its expulsion, should undergo such a degree of distention as to contain three pints, and that without the endurance of any extraordinary degree of pain, at least for the first few days.

It is another curious pathological circumstance, that a bladder kept in a condition of almost complete inanity should become the subject of paralytic seizure. Paralysis was evidently here, *the first link* in the causation of disease, and not the *sequence* of *over-distention*, as is almost universally the case, I believe, in ischuria vesicalis. This case affords a striking illustration of what Dr. Dewees calls "irritable bladder," and it was astonishing that there was so little impairment of health on account of its long continuance. The irritability of this gentleman's bladder was so

great that he was frequently obliged to leave the table at meals in order to urinate, and he was not unfrequently obliged to go out twice before completing his meals.* This habit was, perhaps, in *some measure*, acquired; he had had about six years ago necessity for the introduction of the catheter, and I had then advised him not again to neglect the calls of nature, and he had been over careful to these calls afterwards. The catheter at that time was introduced but once, as he could afterwards empty his bladder without its aid. I believe, however, that catheterism was here employed as a tentative measure.

The main object, however, of this communication is to call attention to the application of electro-galvanism in paralysis of the bladder. I am not aware that it has been administered in the manner in which I employed it, namely, whilst the bladder was still distended with urine. I think that under this condition of the bladder, the electric fluid can be thrown over a much larger surface, and brought in more direct contact with parts upon which we wish its influence to be exerted. This can be effected by shifting the handles of the machine, and the urine, it will be acknowledged is one of the best conductors of the electric fluid.

I am aware of the fallacy of the axiom, *post hoc ergo propter hoc*, but we are irresistibly impelled to the conclusion, that our patients have been benefitted by our measures when we see recovery following so rapidly upon their adoption, as in the case I have just related. When I commenced the administration of electro-galvanism to this patient the prospect was, that he would never again be able to empty his bladder without the aid of the catheter. This opinion was predicated, on the age of the patient, and the complete paralysis of his bladder.

My experience however, of the employment of electro-galvanism in ischuria is too limited (being based upon three successful cases), for me to recommend its adoption with any degree of confidence. I throw out these observations merely as a *suggestion* to my professional brethren. Under the employment of the catheter alone, the bladder will generally recover its contractile power in no very unreasonable space of time, and I should not think it necessary to resort to electro-galvanism, until after the catheter had been introduced for twelve or fourteen days, and in fact, in a majority of cases, catheterism is not longer necessary than for this space of time. But cases do often occur in which the disease is protracted, and we want some excitant to the bladder; and in these cases electro

* By my direction he procured an urinal of gutta percha; he wore it however, only at night, and even thus used, the penis became excoriated by its contact with the urine. It was however, never employed, until I had discontinued the introduction of the catheter. I had never been consulted on account of this affection previous to March last.

galvanism steps in to our relief. Electro-galvanism and the injection of strychnia are by far the most promising agents that we can employ in these intractable cases.

Strychnia injected into the bladder, has in the hands of others proved of singular benefit, as we learn from published cases. By obtaining the conjoint action of these two remedial agents (strychnia and galvanism), the prospect of benefit to our patients is much increased.

Two very different pathological conditions of the bladder obtain in ischuria vesicalis, as the disease may happen to attack the young or the aged. In the latter there is complete paralysis—an entire loss of contractile power; whilst in the former there is nothing more than impaired power—power inadequate to overcome the obstacles to the evacuation of the bladder. These obstacles are, generally I believe, a phlogosed condition of the sphincter and neck of the bladder, and to these are superadded spasm. Hence the indications arising from these different pathological conditions, require a correspondent variety of treatment. In the retention of urine occurring in the aged, catheterism is the first measure to be resorted to, and persisted in, until the bladder recovers its contractile power; in the young, this measure may often be dispensed with, by the adoption of judicious treatment. The Semicupium is prominent on the list of remedial resources; blood letting, if phlogistic diathesis should indicate it; a full dose of opium sometimes; the sp. nit. dulcis in drachm doses, sometimes combined with ol. terebenth. and last, but by no means least, a pretty strong infusion of the common garden parsley (petroselinum.) This article though officinal, will be deemed by many, anile; but in my opinion its claims are high, and I am satisfied that I have saved many of my patients from the catheter by its use in this disease. If these measures fail, then let the catheter be used without further delay.

It may be asked, how frequently should the catheter be employed in ischuria vesicalis? In my own experience (and I believe that I have had as many of these cases as fall to the lot of any country practitioner), I have found that my patients did as well, and the bladder recovered its contractile power as soon, when the catheter was used once in twenty-four hours, than when more frequently employed. It is comparatively seldom that I introduce it twice in twenty-four hours. It is true that I am sometimes obliged to depart from this rule, as in the case just related. Where I have been compelled to use the catheter daily three times in twenty-four hours, the patients have generally been females, and at every introduction of the instrument I have drawn off large quantities of limpid hysterical urine. It may have been a mere accidental circum-

stance, but the fact is certain, that, in my hands, patients requiring catherism as often as three times in twenty-four hours, have either been females, or males of nervous temperament. It is well known that persons of this temperament, are liable to have the renal secretion inordinately increased from mental emotion; so that the bladder shall become distended with pale urine. The rationale of this is somewhat difficult, and I am not disposed to enter the labyrinth of conjecture. *"Si causa latet; vis est notissima."*

In my experience the number of males requiring catheterism has been vastly greater than that of females, but I have had to encounter some of my most intractable cases among the latter class of patients. I was then unacquainted with the therapeutic application of electro-galvanism and strychnine injection into the bladder.

In connection with this subject, I may state, that I have never seen but two cases of icshuria vesicalis requiring puncture of the bladder. In both of these cases, I am of opinion, that a false passage had been made, by the catheter taking a wrong direction. Neither of them were my own patients. I saw them in consultation, and was present at both operations. The catheter could not be introduced upon either of them. In one of these cases the bladder was punctured above the pubis; in the other, through the rectum. The first of these cases proved fatal in about a week, from extravasation of urine in the abdomen, and consequent peritoneal inflammation. The other lived three months, but the urine never resumed its passage through the urethra. A post mortem examination of this case by the attending physician, revealed a large table spoonful of small calculi in the bladder, and a most remarkable degree of hypertrophy of its coats. This condition of the coats of the bladder explained a circumstance which we could not at the time of the operation, account for, namely, a profuse hemorrhage. I am confident that at least thirty ounces of blood were lost. An approach to syncope arrested the hemorrhage which did not again return. We were satisfied in our minds at the time, that no other parts than the rectum and bladder had been wounded. These patients were both aged men.

Whitehouse, Sep. 30, 1853.

Case of Atresia Vaginæ. By O. H. Taylor, M. D.

On the 24th August last, I was requested to visit Miss A. S., aged 18 years. She presented all the external aspects of having attained fully to the period of puberty. I found her suffering from severe bearing down pains about the pelvis, hips, and throughout the abdomen. Suppression

of urine, with frequent and painful desire to go to stool, extreme agony in passing fœces, with other distressing symptoms.

She assured me that she had never menstruated, and that for the last four years, she had suffered from regular paroxysmal pains recurring every month, but that for the last twelve or fifteen there appeared a gradual increasing tumour in the hypogastrium. Her pains within the last two weeks, had become almost incessant, accompanied with fever, and other disturbances of the general system, frequently threatened her with convulsions.

At my first visit, from some repugnance on the part of my patient, I did not insist upon an examination per vaginum, but simply directed an emetic purgative, particularly as it was about the time that she was expecting an increase of her periodic pains.

On the 26th I visited her again, and found her suffering from increased pains. Convinced from the previous history of her case, that some abnormity of the organs of generation existed, I intimated the absolute necessity of an examination by the touch, which was assented to. Upon attempting to pass my finger, I could distinctly feel a cul-de-sac protruding exterior to the os magnum, with considerable convexity, and evident fluctuation. I could not feel the slightest perforation. Under these circumstances, I assured the patient that naught but an inspection with the naked eye, would enable me to advance a correct opinion of her case. To this she also consented. On examination, the following appearances presented.

The external labia were well developed, but appeared stretched around a dense and fibrous membrane at the entrance of the vagina, in such a manner as to resemble very much the appearance of the membranes with the head of a child about to pass through the os magnum, as in the last stage of parturition. By closely exploring the whole superficies, I could not detect the smallest opening into the vagina. The membrane appeared as if it was an elongation of the hymen, and extending closely around the meatus urinarius, so much so, as to render it impossible to pass an ordinary sized catheter. The perineum was considerably distended, as if the head of a fœtus rested upon it. The whole cavity of the pelvis seemed to be filled up with the accumulated fluid. The external appearance of the protruding tumour at first view, led me to suspect that possibly a fibrous tumour connected with the uterus, might exist—this impression however, was soon dispelled by the evident fluctuation of the sac, together with the hemispherical fundus of the uterus in the hypogastrium which extended considerably above the line of the superior strait and

rising nearly to the umbilicus, pressure upon which caused the convex and protruding portion of the vaginal tumour not only to be more prominent, but evidently more fluctuating.

On the 5th of September, my friend, Dr. I. S. Mulford, visited the patient with me, in consultation. We found her with a sinking pulse, cold extremities, and much exhausted from severe pains during the preceding night. It was very apparent, that any delay in performing an operation would be dangerous to the patient.

Having made the preliminary arrangements for this purpose, I divided the protruding sac with a sharp edged bistoury, making a free longitudinal incision, from which there flowed an immense discharge of catamenial fluid of a dark red color, of thick consistence, and resembling venous blood, without coagulation, and perfectly inodorous. The discharge continued five days, during which period, the friends of the patient assured me that at least three pints, or more were evacuated.

On the seventh day, subsequent to the operation, I explored the parts again, and notwithstanding my urgent directions to keep the newly made opening dilated by means of a proper sized bougie occasionally introduced, I found the orifice much contracted, having the appearance of a thickened band, nearly a fourth of an inch thick, firm, and dense.

I divided the membrane into four triangular flaps, by means of a round edged bistoury, extending the incisions freely down to the wall of the vagina, after which I could with facility introduce two fingers completely into the vagina, which I found free from any other obstruction. The os uteri could be distinctly felt in its normal position.

Since the last operation, the patient has continued the frequent application of the bougie, with a view to keep the parts dilated. The incisions have healed, leaving the vagina and external parts apparently in a pristine and natural condition. The health of the patient is perfectly re-instated, and she has within the last week menstruated freely.

Camden, Sept. 28, 1853.

BIBLIOGRAPHICAL NOTICES.

THE MICROSCOPIST; *or a Complete Manual on the use of the Microscope, for physicians, students, and all lovers of Natural Science*: Second edition improved and enlarged, with illustrations. By JOSEPH WYTHES, M. D. Lindsay and Blakiston, Phila. Trubner and Co., London, 1853.

Microscopic investigations having contributed of late, so much to the development of truth in medicine, having indeed, brought to light a

new science, known by the name of Histology, by which we are taught the ultimate structure of the different textures, and organs of the body; ought to receive from the physician more attention than has been hitherto awarded to them. The little book before us teaches how to use the microscope, how to dissect objects for inspection, and how to examine them; how to mount the instrument, and how to preserve objects for examination. It gives us also a short history of the microscope, from the time of Borelli, who lectured in the University of Pisa in 1656, and who was the first to expose human structure to microscopic vision. In all the domain of micographical research, there is probably no kind of investigation that may contribute so largely to human welfare, as that pursued by the physician; hence the advantage, indeed the necessity, of availing ourselves of its various appliances for the promotion of medical science, and a commensurate improvement of medical practice. The book contains 212 pages, with an alphabetical index.

A Treatise on Ophthalmic Surgery. By H. Haynes Walton, Fellow of the Royal College of Surgeons in England, Surgeon to the Central London Ophthalmic Hospital, &c. First American, from the last London edition, illustrated by one hundred and sixty-nine engravings on wood, edited by S. Littell, M. D., author of Manual of Diseases of the Eye; Surgeon to Wills' Hospital for the Eye and Limb; Fellow of College of Physicians of Philadelphia, &c., &c. Lindsay & Blakiston, Philadelphia, 1853.

The work before us possesses a degree of merit, not hitherto awarded to the department of ophthalmological literature. In ordinary cases of disease, both surgical and medical, the practitioner may be guided by his own experience, and knowledge; and if a case of irregularity or novelty presents itself for treatment, he has generally at hand sufficient authority to direct, or at least suggest his course—but so rare are many of the diseases of the eye in the practice of the physician, that a work of the kind before us, is invaluable. Many affections of the eye, with the mode of operating, are skilfully portrayed by the artist, and the history and treatment, laid down in plain terms by the author. The careful and candid revision by Dr. Littell, who is among our most skilful ophthalmatologists, adds to the value of the work, to the American reader and student. Most of the cases narrated, have occurred to the author himself, and he is thus enabled to speak from extensive personal observation, which he does in a style, clear and unaffected.

Physicians Visiting List—*Diary and Book of Engagements, for* 1854. Lindsay & Blakiston, Philadelphia.

We suppose that this pocket manual which has been issued for several

years by the enterprising publishers, is familiar to most of our physicians. To those who are unacquainted with it, we would say, that if they want a convenient, and systematic plan for keeping a daily record of visits, and other memoranda, they cannot be as well suited by any mode within our knowledge, as that presented by this little book. We must suggest that it is too small for many practitioners; it might be made for a list of names twice the size, and then its capacity be unequal to the wants of even some country physicians. We should like to see an issue with a larger page.

THE PRACTICE OF SURGERY. By JAMES MILLER, F. R. S. E., F. R. C. S. E., Surgeon in Ordinary to the Queen of Scotland; Surgeon in Ordinary to his royal Highness, Prince Albert, for Scotland: Professor of Surgery in the University of Edinburg; consulting Surgeon to the Royal Infirmary, &c., &c., &c. Third American, from the second Edinburg edition, edited with additions, by W. F. SARGENT, M. D., one of the Surgeons of Wills' Hospital, illustrated by three hundred and nineteen engravings on wood. Philada., Blanchard and Lea, 1853.

Professor Miller's contributions to the department of Surgery, are already familiar to the medical public of this country—and in presenting a brief notice of the third American edition of his Treatise on the Practice of Surgery, we need do no more than announce its appearance with the fact, that a large number of additional wood cuts have been introduced by the American editor, with not a little new matter by the author himself. Miller's Principles of Surgery have not long since appeared, and have, we believe, been well received. The two volumes together form a complete *exposé* of the present state of Surgery—and they ought to be on the shelves of every surgeon.

EDITORIAL.

A NEW MOVEMENT—MEDICAL FEES.

At the late meeting of the District Medical Society for the County of Burlington, a movement was commenced, which if properly executed, will open to the profession of the county, a new and important era. It is provided by certain resolutions,* that are laid over for final action till the January meeting, that the plan of presenting bills for professional services at the termination of each case of sickness, be adopted by the members of the society, instead of the present system of allowing charges to accumulate month after month, to be furnished at the end of a year.

* See proceedings, p. 447.

We have no doubt, from the free affirmative expression, which characterized the discussion of the resolutions, that they will be adopted, and carried out. There are several reasons why they should be, some of which we will mention. The present credit system is objectionable, because the services rendered are personal services; and as the obligation of the physician to the patient, ceases with the termination of the illness, the obligation of the patient to the physician, should be discharged at the same time. We speak now of the mere professional, or we may call it *business* obligation; for there is that relation existing between a faithful physician, and his confiding patient, which can neither be estimated, or cancelled, by dollars and cents. For the people, the present plan isunwise, because it is not in keeping with the genius of the times, by which the mechanic, and laborer, especially, are taught that it is easier to pay a small bill, even if often repeated, than to allow time for debts to grow to an oppressive weight. The merchant, in disposing of a bill of goods on time—say six or twelve months, calculates that the purchaser will sell at a profit, in order to get the money to pay the creditor, and remunerate himself. Merchandize is the seal of the purchase—and it is often within reach of the seller, even when out of his possession, in the event of the buyer's default. We have no such security. The *commodity* (if such a term be allowed), rendered by us, is *advice*,—and as it is not, like the merchants goods to be bartered, or sold again for a profit—we are entitled to its estimated pecuniary value, at the time of its bestowal. The lawyer renders a personal service in the form of advice also, and he must have his fee beforehand; the laborer renders a personal service to his employer by the expenditure of his physical strength, and he receives his fee either at the close of the day, or week; the physician does both—nay more—spends a large amount of physical labor and fatigue, by day and night, depriving himself of the natural repose allotted to others, furnishes advice freely, supplies medicine often without regard to expense, and then must wait *a year* before he can be remunerated, at which time the recipient of his services almost forgets that he has been sick, and is surprised, if not *insulted* by a "doctor's bill." Again, in cities, and especially in sea-board towns, where there is a floating population, many persons stay but a few months, and take great pleasure in "patronizing a doctor" while they remain, but are scrupulously careful to be "out of town" when he calls, at the end of the term of credit, with his bill. The system is a false and unfair one; and we hope, for the benefit of the profession, and convenience of the people, that the change now on foot will be effected. But to execute the plan proposed, will require unity, and decision of

purpose on the part of the profession. There are men probably to be found, who may not at once accede to this plan; and who would urge the reason that they have always got along without difficulty, and see no inducement to change,—but because they may have been fortunate enough, either to make, or *marry* a competence, (the latter is oftener the case), they should not oppose what will be for the general good, or take advantage of the prejudice that may be excited in some, against this movement, for the sake of increasing their practice. But suppose they should, they will soon be "patronized" by the indignant non-payers, reap the full reward of their cupidity, and be welcome to the fruits of their aggrandizement. But there may be sincere, and honest objections to the plan, on more reasonable grounds. The profession ought not to take a step, that would detract from its benevolent character; this is the peculiar virtue of our calling; without it, we could claim no higher motive than that which moves the multitude. We do not conceive, however, of any reasonable objection to the proposed change, on these grounds—for the very fact of the cash system becoming prevalent, will enable the physician to answer with more readiness, and liberality, the peculiar claims of the needy, that are daily presented to his notice, many of which, he may be now compelled to overlook.

Another consideration,—many young men enter our profession, who have spent their all, in acquiring medical knowledge; and while they must pay cash for their board, office rent, and other necessary expenses, they are entitled to their fees for professional services as they may be earned, that their credit, and reputation for careful living, and honest dealing, may be maintained; whereas now, such individuals would sometimes sink under a load of debt, while they wait a year for competent patients to pay a bill, were it not for the helping hand of friends, who may interpose to save them. We know this from trying experience, and would fain save others from what we ourself have suffered. We hope the subject will be considered by other county societies, and can see no reason why the state society may not undertake the cause.

Our Annual Meeting,

In January next, we hope will be well attended. We think these meetings are increasing in interest, and hope that the profession will be diligent to sustain themselves in this organization, promoting always a constant advance in scientific attainment. The Society will hold its first session on the evening of the 22d of January, and be continued through the following day. Let the Reporters in the different counties see that

they send their reports in time, to Dr. J. M. Cornelison, of Jersey City, who is the Chairman of the Standing Committee.

The Close of our Volume.

Hereafter the Reporter will be issued on the first of every month, the seventh volume commencing with the 1st of January, 1854. The apparent irregularity in its issue during the current year, has been for the purpose of protracting the last number till this date, that hereafter, the year may commence with the first of January, instead of October, as formerly. We expect the forthcoming volume to be better than all its predecessors, and we claim for it, the support of the entire profession of the State.

We know that it has struggled much, up to this point, and we think we have a right to expect a more hearty, and even universal co-operation of the physicians of New Jersey. Shall we have it? Let the the January meeting at Trenton, and the county societies answer.

☞ *Our distribution lists in Philadelphia and New York, having become very large, subscribers, and exchanges, will henceforth be served by our Agents in those cities, instead of through the mails.*

Proceedings of Medical Societies.

The Annual Meeting of the *Monmouth County* District Medical Society, was held at the house of N. S. Rue, Freehold, on the 25th day of April, 1853. The President in the chair. Members present, Drs. Lewis (Pres't), R. R. Conover, E. Taylor, Cooke, A. V. Conover, Vought, DeBow, English, Woodhull, Barclay, Pettit, Dayton, W. A. Newell, Hubbard and Polhemus.

The President, Dr. J. T. Lewis, addressed the Society upon the injurious effects of *Fear* on the human system. The minutes of the last meeting were read and adopted. The Treasurer, Dr. E. Taylor, acknowledged the receipt of ten dollars per Dr. J. S. English as the distributive share of the funds of the State Medical Society, arising from license fees, due the District Society of the County of Monmouth.

On motion *Resolved*, that the thanks of the Society be tendered to the President for his Address, with the request of a copy for publication.

On motion, Drs. J. B. Throckmorton, and J. R. Conover were unanimously elected members of this Society.

On motion, the President appointed Drs. A. B. Dayton, A. V. Conover and R. W. Cooke a committee to report resolutions with reference to the decease of *Dr. Grandin Lloyd*, one of our members, which had occurred since our last meeting.

Resolved, That whereas *Dr. Grandin Lloyd*, a member of this Society has been removed by death, in the prime of life and usefulness, it be-

comes us, his associates, to bow in meek submission to this mysterious dispensation of God.

Resolved, That the members of this society deeply sympathize and condole with the relations and friends of the deceased, in this sore affliction, and also with the community in which he resided, in the loss which they have thereby sustained.

Resolved, That a copy of the Resolutions, signed by the President and Secretary, of the society, be presented to the family of the deceased, and published in the *New Jersey Medical Reporter*, and the newspapers of the county.

On motion, *Resolved*, That the Secretary of this Society have published together with the above Resolutions, a synopsis of the minutes of this meeting, in the *New Jersey Medical Reporter*, and newspapers of this county. N. S. Rue's bill for dinners, &c., was ordered paid from funds the society. The Finance Committee reported a balance in the hands of the Treasurer due society, of $13.12.

On motion, *Resolved*, That Dr. J. S. English and Dr. J. T. Lewis be appointed delegates from this society, to attend the next meeting of the American Medical Association.

Drs. R. W. Cooke and D. W. Barclay reported to the society verbally a case of Occlusion of the Vagina, successfully operated upon by them.

On motion, *Resolved*, That the thanks of the society be tendered to Drs. Cooke and Barclay, for their report, with the request of a copy for publication.

The election of Officers for the ensuing year was held, when

Dr. R. R. CONOVER	was elected	*President.*
" A. T. PETTIT,	"	*Vice* "
" J. VOUGHT,	"	*Secretary.*
" E. TAYLOR,	"	*Treasurer.*

Drs. R. R. Conover, A. B. Dayton, W, L. DeBow, and J. S. English, were appointed delegates to represent this society, at the Annual Meeting of the State society, at Trenton.

Dr. W. A. Newell was appointed Reporter for the ensuing year.

On motion, the society adjourned to meet at the house of N. S. Rue, on the last Monday of April, A. D. 1854.

D. POLHEMUS, *Secretary.*

A Quarterly Meeting of the District Medical Society for the *County of Burlington*, was held at the house of S. B. Campion, in Mount Holly, on the 11th day of October, 1853.

The President, Dr. Butler, in the chair. Members present, Drs. Stratton, Z. Read, Parrish, Longstreet, Young, Martin, and Gauntt.

The minutes of the last meeting were read and adopted.

The following preamble and resolutions were presented:

Whereas, There being many abuses connected with the popular credit system, as it prevails at the present time, whereby physicians are often defrauded of their just dues, the members of this society are

Resolved, That after the first of January 1854, they will adopt the plan of presenting their bills for professional services, at the termination of each case of sickness.

Resolved, That the rates of charges as adopted by the New Jersey Medical Society, by which we are governed, are in our judgment just and honorable; and in acknowledging our fealty to it, we consider ourselves bound to execute its requirements.

Resolved, That this preamble and resolutions be published in the *New Jersey Medical Reporter*.

The resolutions were laid upon the table for final action at next meeting.

The Secretary was directed to notify each member previous to the next meeting, that important business will be brought before the society.

On motion, Dr. F. Gauntt was appointed reporter for this county, and directed to report to the Chairman of the Standing Committee of the State society, the nature, course, and results of any epidemics, or other diseases that have prevailed in the county during the past year; and the physicians present were requested to furnish the reporter with a brief account of the variety of diseases which had come within the limits of their practice during that time.

On motion, *Resolved*, That the Secretary be authorized to have the notices of the meetings of this society printed in the form of circulars and pre-pay the postage on the same.

Adjourned to meet at the house of R. C. Humphrey, on the second Tuesday in January, 1854.

FRANKLIN GAUNTT, *Secretary.*

The Semi-Annual Meeting of the *Somerset Medical Society*, was held at Somerville, October 27, 1853.

The society, after the usual preliminary business, heard a report from Dr. J. W. Craig, stating his attendance on the sessions of the American Medical Association, as a delegate.

Verbal reports of interesting cases were made by several members.

Drs. J. B. Van Derveer, J. Alfred Gray, and L. H. Mosher, were elected members. Dr. Gray came forward, and having subscribed to the constitution, took his seat as a member.

H. F. VAN DERVEER, *Rec. Sec.*

We present our readers another number made up entirely of original matter, while we have original articles now on hand, which must be postponed till our January issue. An increase of one fourth in the size of the Reporter, will, we trust, relieve the pressure on our columns. We hope correspondents will not withhold their favors, for we shall expect to accommodate them all.

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A case of Molluscum, (Lithograph.)

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